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Volume 20, January-December 1980

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**HYPOGLYCEMIA, IF IT OCCURS, MAY BE PROLONGED.** Advise patients to usually dose-adjusted and generally respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance, weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice (rarely associated with severe diarrhea and bleeding), skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. With a few exceptions, these manifestations have been mild and readily reversible on discontinuation of the drug. Diabinese should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCipient JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG.

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# VALIUM® diazepam/Roche

Before prescribing Valium, please consult complete product literature. Valium is a summary of which follows:  
Indications: Management of anxiety disorders, or short-term relief of symptoms of anxiety; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinations due to acute alcohol withdrawal; adjunctive in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; ataxitis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addition-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Pregnancy:** Use of minor tranquilizers during first trimester should be avoided because of increased risk of congenital malformations suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other anticholinergics may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysrhythmia, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect.  
Adults: Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctive in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctive in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients: 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) Children: 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).  
Children: Valium® (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 mg—bottles of 100 and 500. Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10. Metered-dose boxes of 50, available in trays of 10.

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- Kronzon, Itzhak, echocardiography, March 65.
- Kulund, Daniel N., senior athletes, April 171.
- Lamphier, Timothy A., ingrown toenails, July 41.
- Lang, Pearson G., seborrheic dermatitis, April 45; fungal skin infections, Aug 39, Sept 160.
- Leao, Robert L., suicidal adolescents, Sept 115.
- Leung, Kenneth Y. K., arthritis of cervical spine, March 173.
- Lifschitz, Meyer D., renal failure, Nov 193.
- Lipoff, Jay L., exercise stress testing, July 175.
- Lipsell, Mortimer B., androgens, June 146.
- Livingston, Samuel, phenytoin and gynecostasia, March 130.
- Loggie, Jennifer M. H., hypertension in children, Feb 128.
- Lorin, Martin I., elevated body temperatures, Jan 130.
- Lumpkin, Lee R., rosacea, Nov 236.
- Lynch, Henry T., breast cancer, Oct 111.
- Mahler, Richard J., maturity-onset diabetes, Feb 23.
- Mangiola, Stello, electrocardiograms 17, 18, 19, 20; April 213, June 223, July 91, Aug 81.
- Marks, Meyer B., rhinitis, Aug 109.
- Marlowe, Frank I., buzzing in ear, April 187.
- Martin, Richard J., chest pain, Jan 169.
- Masland, Robert P., Jr., adolescent drug abuse, June 190.
- McCrane, E. James, psychogenic fatigue, Feb 189.
- McGuire, Lockhart B., cardiac catheterization, Aug 144.
- McKechnie, John C., Addison's disease, Nov 89.
- Michael, Sidney R., vague complaints, "patient who doesn't get well," April 85.
- Miller, Stephen H., keloids, May 49.
- Mohr, Jay Preston, stroke prevention, July 209.
- Molitch, Mark E., endocrine dysfunction, June 111.
- Newton, Michael, dysmenorrhea, March 233; Pap smears for postmenopausal women, April 73.
- Nugent, F. Warren, influenza shot, Sept 191.
- O'Connor, Richard P., Jr., abdominal abscess, Nov 181.
- O'Connor, Vincent J., hematuria, Jan 165.
- Orringer, Carl E., congestive heart failure, Dec 105.
- Palmer, Darwin L., skin tests, March 93.
- Patten, Bernard M., inflammatory myopathy, Feb 46.
- Pattison, E. Mansell, alcoholism, April 135, Sept 167; problem behavior, Nov 143.
- Paulk, E. Alan, Jr., heart monitoring, Oct 119.
- Perkel, Michael S., gastric emptying, Oct 80.
- Perloff, Joseph K., congenital heart disease, Sept 179.
- Pieroni, Robert E., influenza shot, Sept 191.
- Plotnick, Gary D., chest pain, Sept 143.
- Poser, Charles M., chronic neck pain, Aug 156.
- Raffin, Thomas A., sudden chest pain, May 161.
- Raines, Samuel L., chronic kidney infection, May 196.
- Rakita, Louis, syncope, Dec 29.
- Ram, C. Venkata S., acute aortic dissection, Nov 109.
- Raskin, David E., noncompliance, Oct 226.
- Raskin, Robert, severe sciatica, March 237; uncinete gyrus seizures, Dec 100.
- Reinecke, Robert D., strabismus, May 177.
- Renshaw, Dorena C., sex therapy, April 105.
- Rhodes, Mitchell L., chronic airway obstruction, July 188.
- Ribner, Bruce S., nongonococcal urethritis, May 107.
- Rogers, Arvey, diarrhea, March 187.
- Rolnick, Michael, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Rosen, Theodore, penile lesions, Oct 221.
- Rosenfeld, Robert L., hirsutism in women, Feb 239.
- Rosenman, Ray H., type A behavior, June 216.
- Rothenberg, Sheldon P., polycythemia vera, March 150; myeloproliferative disorder, May 83; atomic bomb radiation, July 109.
- Ryan, Kenneth J., estrogen after menopause, April 218.
- Sachar, David B., types of diarrhea, March 29.
- Sauer, Gordon C., polycythemia vera, March 150.
- Schatz, Michael, chronic rhinitis, May 61.
- Scheiner, Albert P., eye defects in children, Nov 127.
- Schoonmaker, Fred W., coronary arteriography, Feb 195.
- Schwartz, Steven O., immunoglobulin A deficiency, March 259.
- Semmens, J. Jane, midlife sexuality, Jan 226.
- Semmens, James P., midlife sexuality, Jan 226.
- Shapiro, Elaine, tic, Feb 159.
- Sharma, Om P., lung lesions, Sept 73.
- Sheedy, Patrick F., II, pheochromocytoma, Nov 153.
- Sheps, Sheldon G., pheochromocytoma, Nov 153.
- Silfen, Eric, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Silva, Joseph, Jr., diarrhea, Jan 195; abdominal abscess, Nov 181.
- Silverberg, Donald S., hypertension and diet, July 115.
- Sloane, R. Bruce, mental disorders in elderly, March 195.
- Smith, James D., vertigo, Oct 141.
- Smith, Rogers J., disability benefits, June 161.
- Sorkin, Michael L., hyperkalemia, July 25.
- Spellberg, Mitchell A., jaundice, July 190.
- Spodick, David H., acute pericarditis and pericardial effusion, Jan 99.
- Stair, Thomas, hypothermia, March 132; aquatic pathogens, July 34; frostbite, Dec 133.
- Stanley, Nigel N., pulmonary function tests, Aug 75.
- Steinberg, David, anemia diagnosis, July 122.
- Steinman, Charles R., rheumatoid arthritis, June 27.
- Strauss, José, renal disease in children, April 75.
- Streeten, David H. P., idiopathic edema, March 82.
- Stumpf, Paul G., condyloma acuminatum, Jan 206.
- Sulewski, Joan M., endometriosis, July 160.
- Talal, Norman, Sjögren's syndrome, June 85.
- Talbot, John H., gout, Nov 41.
- Udall, John A., coronary heart disease, March 155.
- Unger, Kenneth M., drowning, Aug 86.
- Van Den Berg, Christian J., renal lithiasis, Nov 71, Dec 43.
- Van Heerden, J. A., pheochromocytoma, Nov 153.
- Vaughn, Cynthia, osteoporosis, Jan 64.
- Venes, Joan L., Reye's syndrome, Feb 173.
- Veres, Victor, resin profiling in hypertension, April 91.
- Vidi, Donald G., hypertension evaluation, June 49.
- Wallace, Robert B., communicable disease, Aug 129.
- Wallerstein, Ralph O., common anemias, Aug 165.
- Wass, Gerson, Pap smears for postmenopausal women, April 73.
- Weissman, Barbara N., radiography of cervical spine, March 179.
- Wenger, Nanette Kass, exercise in coronary artery disease, Jan 237; pulmonary embolism, June 85; iatrogenic heart disease, Oct 205.
- White, Charles A., Rh-negative mother, Feb 99.
- Whitfield, Charles L., alcohol withdrawal, March 240.
- Williams, M. Henry, Jr., severe asthma, March 292.
- Williams, Ralph C., Jr., hypersensitivity angitis, July 139; systemic vasculitis, Oct 69; purpura, Dec 143.
- Williams, Temple W., Jr., penicillins, April 27.
- Wilner, Freeman M., non-Hodgkin's lymphoma, Nov 79.
- Winer, Howard E., echocardiography, March 65.
- Wollam, Gary L., antihypertensives, Sept 219.
- Woolridge, Wilfred, ear nodule, July 59.
- Yangco, Bienvenido G., antimicrobials, Feb 105.
- Yu, Tsai-Fan, gouty arthritis, May 150.
- Zeiger, Robert S., chronic rhinitis, May 61.
- Zucker-Franklin, Dorothea, eosinophilia, Dec 57.